
County: Dane CENTRAL WISC. CTR. FOR DEV. DISABLED 317 KNUTSON AVENUE MADISON 53704 Phone: (608) 243-2292
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 463
Total Licensed Bed Capacity (12/31/00): 463
Number of Residents on 12/31/00: 377 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? State **FDDs** No No Average Daily Census: 390

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services	No No No	Primary Diagnosis Developmental Disabilities	100. 0	Age Groups Under 65	98. 7	Less Than 1 Year 1 - 4 Years More Than 4 Years	1. 3 4. 2 94. 4
Day Services Respite Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)	0. 0	65 - 74 75 - 84	0. 8 0. 3		100. 0
Adult Day Care Adult Day Health Care	No No	Al cohol & Other Drug Abuse Para-, Quadra-, Hemi pl egi c	0. 0 0. 0	85 - 94 95 & 0ver	0. 3 0. 0	**************************************	******
Congregate Meals Home Delivered Meals	No No	Cancer	0.0	33 & OVEI	100. 0	Nursing Staff per 100 Re	
Other Meals	No	Fractures Cardi ovascul ar	0. 0 0. 0	65 & 0ver	1.3	<u> </u>	10.0
Transportation Referral Service	No Yes	Cerebrovascul ar Di abetes	0. 0 0. 0	Sex	%	RNs LPNs	12. 2 14. 5
Other Services Provide Day Programming for	Yes	Respiratory Other Medical Conditions	0. 0 0. 0	 Male	52. 0	Nursing Assistants Aides & Orderlies	88. 0
Mentally Ill Provide Day Programming for	No		100. 0	Female	48. 0		
Devel opmental ly Di sabled ************************************	Yes	·***********************	*****	 **************	100.0	***********	*****

Method of Reimbursement

		Medica (Title			Medic Fitle			0th	er	Pri	vate 1	Pay	N	/anageo	l Care		Percent
			Per Die	em		Per Die	m		Per Dier	n]	Per Diem	1	Ĭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				377 10	00.0	\$386. 16	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	377	100.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Venti l ator- Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		377 10	00.0		0	0.0		0	0.0		0	0.0		377	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti d	ons, Services,	and Activities as of 12	/31/00
beachs builting kepoteting terrou		1		<u>%</u>	Needi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	91.7	Daily Living (ADL)	Independent	One (r Two Staff	Dependent	Resi dents
Private Home/With Home Health	0. 0	Bathi ng	0.0		22. 0	78. 0	377
Other Nursing Homes	0. 6	Dressi ng	0. 0		40. 6	59. 4	377
Acute Care Hospitals	3.6	Transferri ng	0. 0		0. 3	99. 7	377
Psych. HospMR/DD Facilities	0.0	Toilet Use	1. 9		13. 0	85. 1	377
Rehabilitation Hospitals	0. 0	Eating	0. 0		29. 2	70. 8	377
Other Locations	4. 2	********	*********	*****	*********	********	*****
Total Number of Admissions	168	Continence		%	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	0. 3	Receiving R	espi ratory Care	18. 6
Private Home/No Home Health	86. 4	Occ/Freq. Incontinent	of Bladder	99. 5		racheostomy Care	6. 6
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	99. 5	Receiving S	ucti oni ng Č	0. 3
Other Nursing Homes	0. 5	-			Receiving 0	stomy Care	0. 8
Acute Care Hospitals	0.0	Mobility			Receiving T	'ube Feedi ng	50. 9
Psych. HospMR/DD Facilities	0. 5	Physically Restrained	l	4. 5	Receiving M	fechanically Altered Diets	s 84. 4
Rehabilitation Hospitals	0.0				· ·	v	
Other Locations	8.4	Skin Care			Other Residen	t Characteristics	
Deaths	4. 2	With Pressure Sores		0. 0	Have Advanc	e Directives	35. 3
Total Number of Discharges		With Rashes		2. 9	Medi cati ons		
(Including Deaths)	191				Receiving P	sychoactive Drugs	21. 5

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

*************	*****	******	*****	****	*****	****
	Thi s			I		
	Facility			Faci		
	%	%	Ratio	%	Ratio	
Occurrency Date: Assessed Daily Consus/Licensed Dale	04 0	OF F	0.00	 01 E	1 00	
Occupancy Rate: Average Daily Census/Licensed Beds	84. 2	85. 5	0. 99	84. 5	1.00	
Current Residents from In-County	10. 6	42. 1	0. 25	77. 5	0. 14	
Admissions from In-County, Still Residing	0. 6	19. 5	0. 03	21. 5	0. 03	
Admi ssi ons/Average Daily Census	43. 1	16. 4	2. 63	124. 3	0. 35	
Discharges/Average Daily Census	49. 0	19. 2	2. 55	126. 1	0. 39	
Discharges To Private Residence/Average Daily Census	42. 3	9. 2	4. 61	49. 9	0. 85	
Residents Receiving Skilled Care	0. 0	0. 0	0. 00	83. 3	0.00	
Residents Aged 65 and Older	1. 3	16. 2	0. 08	87. 7	0.02	
Title 19 (Medicaid) Funded Residents	100. 0	99. 5	1. 01	69. 0	1. 45	
Private Pay Funded Residents	0. 0	0. 5	0. 00	22. 6	0.00	
Developmentally Disabled Residents	100. 0	99. 3	1. 01	7. 6	13. 09	
Mentally Ill Residents	0. 0	0. 5	0.00	33. 3	0.00	
General Medical Service Residents	0. 0	0. 2	0.00	18. 4	0.00	
Impaired ADL (Mean)*	89. 2	50. 8	1. 76	49. 4	1. 81	
	21. 5	45. 9	0. 47	50. 1	0. 43	
Nursing Care Required (Mean)*	20. 6	11. 0	1. 87	7. 2	2. 87	
Residents Receiving Skilled Care Residents Aged 65 and Older Title 19 (Medicaid) Funded Residents Private Pay Funded Residents Developmentally Disabled Residents Mentally Ill Residents General Medical Service Residents Impaired ADL (Mean)* Psychological Problems	0. 0 1. 3 100. 0 0. 0 100. 0 0. 0 89. 2 21. 5	0. 0 16. 2 99. 5 0. 5 99. 3 0. 5 0. 2 50. 8 45. 9	0. 00 0. 08 1. 01 0. 00 1. 01 0. 00 0. 00 1. 76 0. 47	83. 3 87. 7 69. 0 22. 6 7. 6 33. 3 18. 4 49. 4	0. 00 0. 02 1. 45 0. 00 13. 09 0. 00 0. 00 1. 81 0. 43	